

Grant Recipient's Name _____
Grant Number _____

Work Progress Report
Methamphetamine Lab Grant # _____
Name of Local Health Agency _____

PROJECT TITLE: _____**RECIPIENT MAILING ADDRESS:** _____**TELEPHONE NUMBER:** _____**CONTACT PERSON:** _____**REPORTING PERIOD:** _____**TASK 1:**

NUMBER OF NEW SITES	
CONTINUED SITES	
NUMBER OF SITES COMPLETED THIS PERIOD	
TOTAL COMPLETED WITHIN GRANT	

SITE SPECIFIC INFORMATION

Site name _____

Site location _____

Date _____

Activities completed _____

Remaining activities (if applicable) _____

TASK 2: (If applicable)